

Application for a ☐ 1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in ☐ 1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Application for a ☐ 1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The State of Connecticut requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of ☐ 1915(c) of the Social Security Act (the Act).

B. Program Title (optional - this title will be used to locate this waiver in the finder):

CT ABI Waiver II

C. Type of Request: new

Requested Approval Period: (For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

☐ 3 years ☒ 5 years

☐ New to replace waiver

Replacing Waiver Number:

☐ Migration Waiver - this is an existing approved waiver

Provide the information about the original waiver being migrated

Base Waiver Number:

Amendment Number

(if applicable):

Effective Date: (mm/dd/yy)

Draft ID: CT.35.00.00

D. Type of Waiver (select only one):

Regular Waiver

E. Proposed Effective Date: (mm/dd/yy)

07/01/14

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (check each that applies):

☒ Hospital

Select applicable level of care

☒ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

☐ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR §440.160**

☒ **Nursing Facility**

Select applicable level of care

☒ **Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155**

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

The Waiver Uses NF and ABI/NF

1.-Nursing Facility - As defined in 42 CFR §440.40 and 42 CFR §440.155

2.-Acquired Brain Injury Nursing Facility (ABI/NF) - A type of nursing facility that provides specialized programs for persons with acquired brain injury.

☐ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☒ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

☒ **Not applicable**

☐ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates (check each that applies):

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

☒ This waiver provides services for individuals who are eligible for both Medicare and Medicaid.

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

Goals and Objectives

Connecticut's Acquired Brain Injury Waiver (ABI) serves persons who are at least 18 years of age with acquired brain injury who, without such services, would otherwise require placement in one of four types of institutional settings. It is designed to assist participants to relearn, improve or retain the skills needed to support community living. The waiver employs the principles of person-centered planning to develop an adequate, appropriate and cost-effective plan of care from a menu of nineteen home and community-based services to achieve personal outcomes that support the individual's ability to live in his/her community of choice.

Organizational Structure:

The Department of Social Services (DSS), as the state Medicaid Agency pursuant to Connecticut General Statutes (CGS) §17b-1, directly administers the ABI Waiver according to CGS §17b-260a. DSS assures that all individuals receiving waiver services meet the categorically and medically needy eligibility and income/asset requirements. DSS is responsible for calculating the consumer's share of liability that can be applied to the cost of waiver services. DSS also informs individuals determined eligible to receive waiver services of their due process rights and gives them the choice of institutional or home and community-based services.

DSS social workers, in consultation with the consumer, their family and care providers (e.g., skilled nursing/ABI facility staff, primary care physicians, and neuropsychologists) develop plans of care to meet an individual's cognitive, physical, and behavioral support needs. Regional social work supervisors review completed Plans of Care (POC) and forward them to the DSS Central Office manager for further review of eligibility, service adequacy and responsiveness to the waiver participant's needs.

DSS contracts with a fiscal agent to conduct provider recruitment; training; engage in fiscal monitoring; claims processing and reporting; and provider credentialing. Quarterly reports, at a minimum, are submitted to the Department to facilitate State oversight of the waiver program. In addition, routine quality assurance activities through staff meetings, training; case conferences, consumer record maintenance, and staff supervision are components of the Department's oversight of the ABI waiver program.

Service Delivery

ABI Waiver credentialed providers deliver services in the client's home and community. These services are based on the team developed ABI Service plan. The providers collaborate with the consumer and other members of the team to implement strategies to support community living. These include the following:

- Provide instruction and training in one or more areas of need to enhance the participant's ability to live independently in their own home
- Implement strategies to address behavioral, medical or other needs identified in the ABI Service Plan
- Provide assistance with personal care or activities of daily living
- Support the attainment of vocational skills
- Provide training or practice in consumer skills (e.g., banking, budgeting, shopping)

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

- A. Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.

- B. Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.
- C. Participant Services.** Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.
- D. Participant-Centered Service Planning and Delivery.** Appendix D specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).
- E. Participant-Direction of Services.** When the State provides for participant direction of services, Appendix E specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- ☒ **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ☐ **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

- F. Participant Rights.** Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
- G. Participant Safeguards.** Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.
- H. Quality Improvement Strategy.** Appendix H contains the Quality Improvement Strategy for this waiver.
- I. Financial Accountability.** Appendix I describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.
- J. Cost-Neutrality Demonstration.** Appendix J contains the State's demonstration that the waiver is cost-neutral.

b.

Appendix J: Cost Neutrality Demonstration**J-1: Composite Overview and Demonstration of Cost-Neutrality Formula**

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care: Hospital, Nursing Facility, ICF/IID

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	125515.07	19303.00	144818.07	224313.00	18287.00	242600.00	97781.93
2	109927.45	15196.00	125123.45	194914.00	15919.00	210833.00	85709.55
3	113165.29	14115.00	127280.29	199800.00	15546.00	215346.00	88065.71
4	117882.97	13804.00	131686.97	206303.00	15622.00	221925.00	90238.03
5	121966.72	13793.00	135759.72	212541.00	15878.00	228419.00	92659.28

Appendix J: Cost Neutrality Demonstration**J-2: Derivation of Estimates (1 of 9)**

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Number Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)		
		Level of Care:	Level of Care:	Level of Care:
		Hospital	Nursing Facility	ICF/IID
Year 1	63	39	24	
Year 2	138	63	72	3
Year 3	213	87	120	6
Year 4	288	111	168	9
Year 5	363	135	216	12

Appendix J: Cost Neutrality Demonstration**J-2: Derivation of Estimates (2 of 9)**

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

Average Length of Stay (LOS) was derived by the following method:

The base length of stay for each level of care was obtained from the CMS 372 report for the existing ABI Waiver over calendar years 2009 - 2012.

The base length of stay has been adjusted to reflect the admissions of individuals transitioning from the Department of Mental Health and Addiction Services and Money Follows the Person over the course of the five waiver years.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

The estimated number of users and units per user are based on CY 2011 utilization obtained from the CMS 372S Lag Report for the existing ABI Waiver and adjusted based on guidance from program staff regarding above average utilizers transitioning from DMHAS at the hospital level of care. Estimates for services not included in the existing ABI Waiver are based on anticipated utilization provided by program staff upon review of individual care plans. Cost per unit was obtained from the proposed fee schedule for the ABI Waiver II.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' was based on the CMS-372S report for the existing ABI Waiver for calendar year 2011 and adjusted for above average utilizers transitioning from DMHAS at the hospital level of care. The historic cost data was trended forward using actual CPI trends. Inflation projection is based on the published June 2013 Consumer Price Index for Medical Care at 3.4%. Factor D does not include the cost of prescribed drugs that will be furnished to Medicare/Medicaid dual eligibles under the provision of Part D.

- iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G is based on CMS 372T - ABI Waiver Lag Report: CY 2011. Costs were trended forward using the published June 2013 Consumer Price Index for Nursing Home Care at 2.5%.


- iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G' was based on the CMS 372T - ABI Waiver Lag Reports: CY 2011. The historic cost data were trended forward using actual CPI trends. Inflation projection is based on the published June 2013 Consumer Price Index for Medical Care at 3.4%.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "*manage components*" to add these components.

Waiver Services	
Adult Day Health	
Case Management	
Homemaker	
Personal Care	
Prevocational Services	
Respite	
Supported Employment	
ABI Group Day	
ABI Recovery Assistant II	
ABI Recovery Assistant	

Waiver Services	
Chore	
Cognitive Behavioral Programs	
Community Living Support Services (CLSS)	
Companion	
Consultation Services	
Environmental Accessibility Modifications	
Home Delivered Meals	
Independent Living Skills Training	
Personal Emergency Response Systems (PERS)	
Specialized Medical Equipment and Supplies	
Substance Abuse Programs	
Transportation	
Vehicle Modification Services	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:						0.00
Full Day - Approved Medical Model Provider	full day	0	0.00	70.22	0.00	
Full Day - Non-Medical Model Provider	full day	0	0.00	66.18	0.00	
Half Day	half day	0	0.00	44.54	0.00	
Case Management Total:						2428.96
Case Management	per hour	2	68.00	17.86	2428.96	
Homemaker Total:						7747.92
Homemaker	per 15 min	3	633.00	4.08	7747.92	
GRAND TOTAL:						7907449.65
Total Estimated Unduplicated Participants:						63
Factor D (Divide total by number of participants):						125515.07
Average Length of Stay on the Waiver:						292

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Personal Care Total:						165754.17
Agency PCA - Quarter Hour	per 15 min	6	5231.00	4.72	148141.92	
Agency PCA - Overnight 12 Hours	per 12 hours	0	0.00	132.00	0.00	
Agency PCA - Per Diem 24 Hours	per 24 hours	0	81.00	180.00	0.00	
Personal Care	per 15 min	1	5105.00	3.45	17612.25	
Prevocational Services Total:						936957.60
Prevocational Services	per hour	36	716.00	36.35	936957.60	
Respite Total:						718.58
Respite	per hour	1	62.00	11.59	718.58	
Supported Employment Total:						869673.75
Supported Employment	per hour	29	825.00	36.35	869673.75	
ABI Group Day Total:						60800.00
ABI Group Day	per hour	5	760.00	16.00	60800.00	
ABI Recovery Assistant II Total:						2319307.20
ABI Recovery Assistant II	per 15 min	42	10640.00	5.19	2319307.20	
ABI Recovery Assistant Total:						1431393.60
ABI Recovery Assistant	per 15 min	39	6496.00	5.65	1431393.60	
Chore Total:						0.00
Chore	per 15 min	0	0.00	4.08	0.00	
Cognitive Behavioral Programs Total:						102093.60
Cognitive Behavioral Programs	per hour	59	21.00	82.40	102093.60	
Community Living Support Services (CLSS) Total:						52690.68
Community Living Support Services (CLSS)	per 12 hours	4	203.00	64.89	52690.68	
Companion Total:						64526.88
GRAND TOTAL:						7907449.65
Total Estimated Unduplicated Participants:						63
Factor D (Divide total by number of participants):						125515.07
Average Length of Stay on the Waiver:						292

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Companion	per 15 min	4	4444.00	3.63	64526.88	
Consultation Services Total:						22500.00
Consultation Services	per item	9	1.00	2500.00	22500.00	
Environmental Accessibility Modifications Total:						70000.00
Environmental Accessibility Modifications	per item	7	1.00	10000.00	70000.00	
Home Delivered Meals Total:						9390.72
Home Delivered Meals	per double meal	4	268.00	8.76	9390.72	
Independent Living Skills Training Total:						1703362.50
Independent Living Skills Training	per hour	54	875.00	36.05	1703362.50	
Personal Emergency Response Systems (PERS) Total:						7204.99
Personal Emergency Response Systems (PERS)	per month	19	13.00	29.17	7204.99	
Specialized Medical Equipment and Supplies Total:						70000.00
Specialized Medical Equipment and Supplies	per item	7	1.00	10000.00	70000.00	
Substance Abuse Programs Total:						50.00
Substance Abuse Programs	per hour	1	1.00	50.00	50.00	
Transportation Total:						848.50
Transportation	per mile	1	3394.00	0.25	848.50	
Vehicle Modification Services Total:						10000.00
Vehicle Modification Services	per item	1	1.00	10000.00	10000.00	
GRAND TOTAL:					7907449.65	
Total Estimated Unduplicated Participants:					63	
Factor D (Divide total by number of participants):					125515.07	
Average Length of Stay on the Waiver:					292	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and

Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:						8053.92
Full Day - Approved Medical Model Provider	full day	1	112.00	71.91	8053.92	
Full Day - Non-Medical Model Provider	full day	0	0.00	67.77	0.00	
Half Day	half day	0	0.00	45.61	0.00	
Case Management Total:						13168.80
Case Management	per hour	9	80.00	18.29	13168.80	
Homemaker Total:						22007.70
Homemaker	per 15 min	9	585.00	4.18	22007.70	
Personal Care Total:						569989.78
Agency PCA - Quarter Hour	per 15 min	17	5429.00	4.83	445775.19	
Agency PCA - Overnight 12 Hours	per 12 hours	1	267.00	135.17	36090.39	
Agency PCA - Per Diem 24 Hours	per 24 hours	1	76.00	184.32	14008.32	
Personal Care	per 15 min	4	5249.00	3.53	74115.88	
Prevocational Services Total:						1790542.54
Prevocational Services	per hour	73	659.00	37.22	1790542.54	
Respite Total:						1376.92
Respite	per hour	2	58.00	11.87	1376.92	
Supported Employment Total:						1629640.48
Supported Employment	per hour	52	842.00	37.22	1629640.48	
ABI Group Day Total:						57575.70
ABI Group Day	per hour	5	703.00	16.38	57575.70	
ABI Recovery Assistant II Total:						4185257.04
GRAND TOTAL:						15169988.76
Total Estimated Unduplicated Participants:						138
Factor D (Divide total by number of participants):						109927.45
Average Length of Stay on the Waiver:						280

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
ABI Recovery Assistant II	per 15 min	89	8856.00	5.31	4185257.04	
ABI Recovery Assistant Total:						2253942.78
ABI Recovery Assistant	per 15 min	59	6598.00	5.79	2253942.78	
Chore Total:						794.20
Chore	per 15 min	2	95.00	4.18	794.20	
Cognitive Behavioral Programs Total:						233901.36
Cognitive Behavioral Programs	per hour	132	21.00	84.38	233901.36	
Community Living Support Services (CLSS) Total:						182338.80
Community Living Support Services (CLSS)	per 12 hours	14	196.00	66.45	182338.80	
Companion Total:						302123.52
Companion	per 15 min	16	5076.00	3.72	302123.52	
Consultation Services Total:						80000.00
Consultation Services	per item	32	1.00	2500.00	80000.00	
Environmental Accessibility Modifications Total:						30000.00
Environmental Accessibility Modifications	per item	3	1.00	10000.00	30000.00	
Home Delivered Meals Total:						15634.71
Home Delivered Meals	per double meal	7	249.00	8.97	15634.71	
Independent Living Skills Training Total:						3746420.08
Independent Living Skills Training	per hour	113	898.00	36.92	3746420.08	
Personal Emergency Response Systems (PERS) Total:						14367.47
Personal Emergency Response Systems (PERS)	per month	37	13.00	29.87	14367.47	
Specialized Medical Equipment and Supplies Total:						20000.00
Specialized Medical Equipment and Supplies	per item	2	1.00	10000.00	20000.00	
GRAND TOTAL:						15169988.76
Total Estimated Unduplicated Participants:						138
Factor D (Divide total by number of participants):						109927.45
Average Length of Stay on the Waiver:						280

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Substance Abuse Programs Total:						51.20
Substance Abuse Programs	per hour	1	1.00	51.20	51.20	
Transportation Total:						2801.76
Transportation	per mile	3	3592.00	0.26	2801.76	
Vehicle Modification Services Total:						10000.00
Vehicle Modification Services	per item	1	1.00	10000.00	10000.00	
GRAND TOTAL:						15169988.76
Total Estimated Unduplicated Participants:						138
Factor D (Divide total by number of participants):						109927.45
Average Length of Stay on the Waiver:						280

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:						9573.20
Full Day - Approved Medical Model Provider	full day	1	130.00	73.64	9573.20	
Full Day - Non-Medical Model Provider	full day	0	0.00	69.40	0.00	
Half Day	half day	0	0.00	46.70	0.00	
Case Management Total:						28469.60
Case Management	per hour	16	95.00	18.73	28469.60	
Homemaker Total:						49549.56
Homemaker	per 15 min	17	681.00	4.28	49549.56	
Personal Care Total:						1071569.70
GRAND TOTAL:						24104206.79
Total Estimated Unduplicated Participants:						213
Factor D (Divide total by number of participants):						113165.29
Average Length of Stay on the Waiver:						310

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Agency PCA - Quarter Hour	per 15 min	28	6374.00	4.95	883436.40	
Agency PCA - Overnight 12 Hours	per 12 hours	1	310.00	138.41	42907.10	
Agency PCA - Per Diem 24 Hours	per 24 hours	1	88.00	188.74	16609.12	
Personal Care	per 15 min	6	5938.00	3.61	128617.08	
Prevocational Services Total:						2778219.00
Prevocational Services	per hour	108	675.00	38.11	2778219.00	
Respite Total:						4762.80
Respite	per hour	4	98.00	12.15	4762.80	
Supported Employment Total:						2383818.61
Supported Employment	per hour	71	881.00	38.11	2383818.61	
ABI Group Day Total:						68673.15
ABI Group Day	per hour	5	819.00	16.77	68673.15	
ABI Recovery Assistant II Total:						6575605.44
ABI Recovery Assistant II	per 15 min	137	8823.00	5.44	6575605.44	
ABI Recovery Assistant Total:						3006047.46
ABI Recovery Assistant	per 15 min	78	6499.00	5.93	3006047.46	
Chore Total:						1566.48
Chore	per 15 min	3	122.00	4.28	1566.48	
Cognitive Behavioral Programs Total:						384006.04
Cognitive Behavioral Programs	per hour	202	22.00	86.41	384006.04	
Community Living Support Services (CLSS) Total:						370886.04
Community Living Support Services (CLSS)	per 12 hours	23	237.00	68.04	370886.04	
Companion Total:						615756.96
Companion	per 15 min	26	6216.00	3.81	615756.96	
GRAND TOTAL:					24104206.79	
Total Estimated Unduplicated Participants:					213	
Factor D (Divide total by number of participants):					113165.29	
Average Length of Stay on the Waiver:					310	

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Consultation Services Total:						137500.00
Consultation Services	per item	55	1.00	2500.00	137500.00	
Environmental Accessibility Modifications Total:						50000.00
Environmental Accessibility Modifications	per item	5	1.00	10000.00	50000.00	
Home Delivered Meals Total:						23066.90
Home Delivered Meals	per double meal	10	251.00	9.19	23066.90	
Independent Living Skills Training Total:						6466266.20
Independent Living Skills Training	per hour	170	1006.00	37.81	6466266.20	
Personal Emergency Response Systems (PERS) Total:						24410.82
Personal Emergency Response Systems (PERS)	per month	57	14.00	30.59	24410.82	
Specialized Medical Equipment and Supplies Total:						30000.00
Specialized Medical Equipment and Supplies	per item	3	1.00	10000.00	30000.00	
Substance Abuse Programs Total:						52.43
Substance Abuse Programs	per hour	1	1.00	52.43	52.43	
Transportation Total:						4406.40
Transportation	per mile	4	4080.00	0.27	4406.40	
Vehicle Modification Services Total:						20000.00
Vehicle Modification Services	per item	2	1.00	10000.00	20000.00	
GRAND TOTAL:						24104206.79
Total Estimated Unduplicated Participants:						213
Factor D (Divide total by number of participants):						113165.29
Average Length of Stay on the Waiver:						310

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 4

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:						46683.84
Full Day - Approved Medical Model Provider	full day	3	91.00	75.41	20586.93	
Full Day - Non-Medical Model Provider	full day	3	91.00	71.07	19402.11	
Half Day	half day	2	70.00	47.82	6694.80	
Case Management Total:						44305.80
Case Management	per hour	22	105.00	19.18	44305.80	
Homemaker Total:						103157.76
Homemaker	per 15 min	23	1024.00	4.38	103157.76	
Personal Care Total:						1747114.46
Agency PCA - Quarter Hour	per 15 min	39	6911.00	5.07	1366512.03	
Agency PCA - Overnight 12 Hours	per 12 hours	3	332.00	141.73	141163.08	
Agency PCA - Per Diem 24 Hours	per 24 hours	1	95.00	193.27	18360.65	
Personal Care	per 15 min	9	6639.00	3.70	221078.70	
Prevocational Services Total:						3886977.30
Prevocational Services	per hour	145	687.00	39.02	3886977.30	
Respite Total:						6095.60
Respite	per hour	5	98.00	12.44	6095.60	
Supported Employment Total:						3238347.84
Supported Employment	per hour	91	912.00	39.02	3238347.84	
ABI Group Day Total:						75204.60
ABI Group Day	per hour	5	876.00	17.17	75204.60	
ABI Recovery Assistant II Total:						9054814.80
ABI Recovery Assistant II	per 15 min	184	8835.00	5.57	9054814.80	
GRAND TOTAL:						33950296.55
Total Estimated Unduplicated Participants:						288
Factor D (Divide total by number of participants):						117882.97
Average Length of Stay on the Waiver:						324

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
ABI Recovery Assistant Total:						3804172.19
ABI Recovery Assistant	per 15 min	97	6461.00	6.07	3804172.19	
Chore Total:						2084.88
Chore	per 15 min	4	119.00	4.38	2084.88	
Cognitive Behavioral Programs Total:						553530.88
Cognitive Behavioral Programs	per hour	272	23.00	88.48	553530.88	
Community Living Support Services (CLSS) Total:						570736.64
Community Living Support Services (CLSS)	per 12 hours	32	256.00	69.67	570736.64	
Companion Total:						966521.40
Companion	per 15 min	37	6698.00	3.90	966521.40	
Consultation Services Total:						195000.00
Consultation Services	per item	78	1.00	2500.00	195000.00	
Environmental Accessibility Modifications Total:						80000.00
Environmental Accessibility Modifications	per item	8	1.00	10000.00	80000.00	
Home Delivered Meals Total:						29726.19
Home Delivered Meals	per double meal	13	243.00	9.41	29726.19	
Independent Living Skills Training Total:						9401990.40
Independent Living Skills Training	per hour	228	1065.00	38.72	9401990.40	
Personal Emergency Response Systems (PERS) Total:						36174.60
Personal Emergency Response Systems (PERS)	per month	77	15.00	31.32	36174.60	
Specialized Medical Equipment and Supplies Total:						60000.00
Specialized Medical Equipment and Supplies	per item	6	1.00	10000.00	60000.00	
Substance Abuse Programs Total:						53.69
Substance Abuse Programs	per hour		1.00	53.69	53.69	
GRAND TOTAL:						33950296.55
Total Estimated Unduplicated Participants:						288
Factor D (Divide total by number of participants):						117882.97
Average Length of Stay on the Waiver:						324

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		1				
Transportation Total:						7603.68
Transportation	per mile	6	4526.00	0.28	7603.68	
Vehicle Modification Services Total:						40000.00
Vehicle Modification Services	per item	4	1.00	10000.00	40000.00	
GRAND TOTAL:						33950296.55
Total Estimated Unduplicated Participants:						288
Factor D (Divide total by number of participants):						117882.97
Average Length of Stay on the Waiver:						324

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:						61019.30
Full Day - Approved Medical Model Provider	full day	3	143.00	77.22	33127.38	
Full Day - Non-Medical Model Provider	full day	3	95.00	72.78	20742.30	
Half Day	half day	2	73.00	48.97	7149.62	
Case Management Total:						62651.60
Case Management	per hour	29	110.00	19.64	62651.60	
Homemaker Total:						130861.05
Homemaker	per 15 min	29	1005.00	4.49	130861.05	
Personal Care Total:						2387391.36
Agency PCA - Quarter Hour	per 15 min	49	7133.00	5.19	1813993.23	
GRAND TOTAL:						44273920.07
Total Estimated Unduplicated Participants:						363
Factor D (Divide total by number of participants):						121966.72
Average Length of Stay on the Waiver:						333

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Agency PCA - Overnight 12 Hours	per 12 hours	4	342.00	145.13	198537.84	
Agency PCA - Per Diem 24 Hours	per 24 hours	3	97.00	197.91	57591.81	
Personal Care	per 15 min	12	6976.00	3.79	317268.48	
Prevocational Services Total:						4992682.32
Prevocational Services	per hour	179	698.00	39.96	4992682.32	
Respite Total:						7491.12
Respite	per hour	6	98.00	12.74	7491.12	
Supported Employment Total:						4133941.92
Supported Employment	per hour	111	932.00	39.96	4133941.92	
ABI Group Day Total:						80516.40
ABI Group Day	per hour	5	916.00	17.58	80516.40	
ABI Recovery Assistant II Total:						11754813.60
ABI Recovery Assistant II	per 15 min	232	8889.00	5.70	11754813.60	
ABI Recovery Assistant Total:						4669677.44
ABI Recovery Assistant	per 15 min	116	6472.00	6.22	4669677.44	
Chore Total:						2940.95
Chore	per 15 min	5	131.00	4.49	2940.95	
Cognitive Behavioral Programs Total:						714743.40
Cognitive Behavioral Programs	per hour	343	23.00	90.60	714743.40	
Community Living Support Services (CLSS) Total:						822122.16
Community Living Support Services (CLSS)	per 12 hours	43	268.00	71.34	822122.16	
Companion Total:						1308771.87
Companion	per 15 min	47	6979.00	3.99	1308771.87	
Consultation Services Total:						252500.00
GRAND TOTAL:						44273920.07
Total Estimated Unduplicated Participants:						363
Factor D (Divide total by number of participants):						121966.72
Average Length of Stay on the Waiver:						333

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Consultation Services	per item	101	1.00	2500.00	252500.00	
Environmental Accessibility Modifications Total:						90000.00
Environmental Accessibility Modifications	per item	9	1.00	10000.00	90000.00	
Home Delivered Meals Total:						36439.20
Home Delivered Meals	per double meal	15	252.00	9.64	36439.20	
Independent Living Skills Training Total:						12608541.40
Independent Living Skills Training	per hour	287	1108.00	39.65	12608541.40	
Personal Emergency Response Systems (PERS) Total:						46180.80
Personal Emergency Response Systems (PERS)	per month	96	15.00	32.07	46180.80	
Specialized Medical Equipment and Supplies Total:						60000.00
Specialized Medical Equipment and Supplies	per item	6	1.00	10000.00	60000.00	
Substance Abuse Programs Total:						54.98
Substance Abuse Programs	per hour	1	1.00	54.98	54.98	
Transportation Total:						10579.20
Transportation	per mile	8	4560.00	0.29	10579.20	
Vehicle Modification Services Total:						40000.00
Vehicle Modification Services	per item	4	1.00	10000.00	40000.00	
GRAND TOTAL:						44273920.07
Total Estimated Unduplicated Participants:						363
Factor D (Divide total by number of participants):						121966.72
Average Length of Stay on the Waiver:						333



Acquired Brain Injury Medicaid Waiver Fact Sheet

The Department of Social Services (DSS) has administered the Acquired Brain Injury (ABI) Medicaid Waiver since 1999. The ABI Waiver provides essential supports to 370 individuals. DSS agrees that maintaining these supports is critical. In addition, the legislatively adopted state budget for FY 14 and FY 15 assumes significant additional federal revenue as a result of adding individuals that are currently receiving services at 100% state cost onto a Medicaid waiver.

DSS is also seeking to resolve several current challenges:

- there are not enough slots on the current ABI Waiver to accommodate the 50 people who are currently waitlisted for service as of February 7, 2014;
- it takes more than three years from date of application for a waitlisted person to access services;
- the Department of Mental Health and Addiction Services (DMHAS) is using state funds to support waitlisted individuals who have traumatic brain injuries and co-occurring behavioral health conditions, but these services do not qualify for federal Medicaid matching payments that would offset half of those costs;
- current spending per ABI participant is at a very high level – an average of \$96,382 per participant per year – and Connecticut risks failure to meet the federal requirement that overall spending remain “cost-neutral” (i.e., ABI costs do not exceed the costs of institutional care); and
- the range of services that are currently offered may not meet the individual needs of all participants.

For these reasons, DSS has proposed to:

- retain the current waiver, which will be known as “ABI Waiver I” and will with no changes continue to serve all current participants; and
- seek authorization from CMS for an additional waiver, which will be known as “ABI Waiver II.”

ABI Waiver II will include all of the same services as are included in ABI Waiver I except Transitional Living Services. Consistent with CMS guidance, we have not included Transitional Living Services because there has been no utilization of that service under the current waiver. ABI Waiver II will use a lower “cost cap” and will add five new services: Adult Day Health, Consultation Services, Personal Care Assistance (Agency), Recovery Assistant, and Recovery Assistant II.

This fact sheet includes the following:

- 1) a side-by-side comparison of the current and new waivers; and
- 2) responses to comments and questions posed by beneficiaries and advocates.

Side-By-Side Comparison of the Current and New Waivers:

	Current Waiver	New Waiver
Name	ABI Waiver I	ABI Waiver II
Available Slots		<p>Year 1: 63 Year 2: 138 Year 3: 213 Year 4: 288 Year 5: 363</p> <p>The above figures are designed to accommodate new participants as well as to reserve capacity for individuals served by Money Follows the Person (MFP) and DMHAS.</p>
Cost Cap	200% of the cost of institutional care	150% of the cost of institutional care (\$11,600 per month for NF level of care, \$22,970/month for ABI/NF level of care, \$67,688/month for CDH level of care and \$22,445/month for ICF/IID level of care)
Level of Care	NF, ABI/NF, ICF/IID, CDH	NF, ABI/NF, ICF/IID, CDH
Service Array	<ul style="list-style-type: none"> • ABI Group Day • Case Management • Chore Services • Cognitive Behavioral Programs • Community Living Support Services • Companion • Environmental Modification • Home Delivered Meals • Homemaker • Independent Living Skills Training • Personal Care Assistance (Private) • Personal Emergency Response Systems • Pre-vocational Services • Respite • Specialized Medical Equipment and Supplies • Substance Abuse Programs • Supported Employment • Transportation • Transitional Living Services • Vehicle Modification Services 	<ul style="list-style-type: none"> • ABI Group Day • Case Management • Chore Services • Cognitive Behavioral Programs • Community Living Support Services • Companion • Environmental Modification • Home Delivered Meals • Homemaker • Independent Living Skills Training • Personal Care Assistance (Private) • Personal Emergency Response Systems • Pre-vocational Services • Respite (expanded to include respite by non-legally liable relatives) • Specialized Medical Equipment and Supplies • Substance Abuse Programs • Supported Employment • Transportation • Vehicle Modification Services • Adult Day Health • Consultation Services • Personal Care Assistance (Agency) • Recovery Assistant • Recovery Assistant II

Responses to Comments and Questions by Beneficiaries and Advocates:

Why isn't DSS simply adding new slots to the existing waiver?

DSS strongly agrees with beneficiaries and advocates that Connecticut needs more capacity to serve those with Acquired Brain Injuries. To expand coverage in this tight budget climate, however, it is necessary to do so in a manner that controls costs. DSS heard loud and clear from current participants that they oppose changes to the current waiver. Therefore, we have instead chosen to implement a new waiver with a lower cost cap, but also expanded service array, for new participants.

Will people served by ABI Waiver I experience changes?

No. People served by ABI Waiver I will continue to receive services based on current criteria. As is required by CMS, DSS will carefully assess the "cost neutrality" of the waiver over time. This means that we will continue to confirm that overall costs do not exceed the costs of institutional care. If cost neutrality becomes a problem in the future, we will work closely with participants to assess their care plan needs and to ensure that there is continuity of care. No one will be "forced off of the waiver."

Will ABI Waiver II make it more difficult for individuals with high care needs to be served?

No. ABI Waiver II includes reserve capacity for individuals served by Money Follows the Person, which supports individuals transitioning from nursing facilities to independent living in the community with housing assistance and other services. ABI Waiver II also includes reserve capacity for individuals served by DMHAS. Further, many current participants of ABI Waiver I are being served effectively with care plans that cost much less than 150% of the cost of institutional care.

Is ABI Waiver II shifting away from rehabilitative supports?

No. Both ABI Waiver I and ABI Waiver II maintain a rehabilitative focus. ABI Waiver II includes all of the same services as are included in ABI Waiver I. Further, five new services are being added to accommodate the needs of the many profiles of those who need services: Adult Day Health, Consultation Services, Personal Care Assistance (Agency), Recovery Assistant, and Recovery Assistant II. To clarify, Recovery Assistant is defined as a flexible range of supportive assistance provided face-to-face in accordance with a Waiver Recovery Plan that provides a rehabilitative approach to enable a participant to maintain a home/apartment, encourages the use of existing natural supports, and fosters involvement in social and community activities. Service activities include: performing household tasks, providing instructive assistance, or cuing to prompt the participant to carry out tasks (e.g., meal preparation; routine household chores, cleaning, laundry, shopping, and bill-paying; and participation in social and recreational activities), and providing supportive companionship. The Recovery Assistant may also provide instruction or cuing to prompt the participant to dress appropriately and perform basic hygiene functions, supportive assistance and supervision of the participant, and short-term relief in the home for a participant who is unable to care for himself/herself when the primary caregiver is absent or in need of relief.

How will DSS ensure that participants receive high quality and consistent service?

DSS will work with the program's fiscal intermediary, Allied, to assess the adequacy of the provider network and to boost provider engagement. DSS will ensure that the provider listing is kept current, and that it is available both online and in print.

Further, DSS will review the feasibility of recommendations made concerning expansion of criminal background check and training requirements. Additionally, DSS will ensure that the current video curriculum is offered on a regular basis and will convene state waiver managers to discuss the feasibility of implementing additional means of providing training.

DSS will conduct quality assurance surveys of both participants and providers and will make summaries of the results of such surveys available to the Advisory Committee. DSS will also seek input from participants, their natural supports and the Advisory Committee on assessment methods and frequency.

Finally, DSS will also formalize means of providing participants with information on the Brain Injury Alliance of Connecticut (BIAC) and other community supports, as well as information on how to report abuse and neglect. While DSS acknowledges comments urging consideration of increases in the rates paid to ABI Waiver providers, due to budget constraints, it is not currently possible for DSS to increase these rates.

How will DSS ensure that it is kept informed by participants and advocates on an ongoing basis?

As noted in the waiver application, DSS will convene an Advisory Committee with representation by participants and advocates. DSS will ensure that the Advisory Committee has the opportunity to review and comment on quality assurance information, assessment method and frequency, Fiscal Intermediary and ABI Waiver Summary reports, and summaries of participant surveys.

How does the cost cap for the ABI Waiver compare to other Medicaid Waiver Programs?

The 200% cost cap for the current ABI Waiver is the highest cost cap of all of the Medicaid waiver programs. The Personal Care Assistance, Elder and Katie Beckett Waivers are all capped at 100% of the cost of institutional care. The Mental Health Waiver is capped at 125%. DDS operates four waivers. The Comprehensive Waiver is capped at 150% of the institutional cost while the Individual and Family Services, Employment and Supports, and Autism Waivers are capped at less than 100%. The proposed 150% cost cap for ABI Waiver II brings the cap in line with the highest cost cap of all of the other waivers and provides significant service dollars within that cap.

ABI Waiver

Recommendation Review

02/25/14

Recommendation	Response	Recommendation Source
Exclude 150% Individual Cost Cap	The program is unsustainable without framework for cost-containment to ensure maintenance of cost neutrality. Demonstrated cost savings would make waiver expansion a more viable option and reduce the number of people on the waiting list. While cost neutrality was met, the ABI Waiver hit 82% of cost neutrality for the program, which is beyond the 75% proposed at the development of the ABI Waiver.	Brain Injury Alliance of CT (BIAC), CT Brain Injury Support Network (CTBISN)
Public Input Process; Create more opportunities for stakeholder input	Proposed Advisory Committee was noted in the Waiver. In addition, the Connecticut Traumatic Brain Injury Advisory Board has representatives who are brain injury survivors.	BIAC, Traumatic Brain Injury Advisory Board (TBIAB)
Recovery Assistant Name Change to remove word recovery from service title.	Use of this service title and rate aids in continuity of supports across waivers. Although this service is provided in the Mental Health Waiver, its purpose is not just to support persons with mental illness. Brain injury affects persons with mental illness. Having trained staff who are versed in brain injury and are able to support the co-occurring needs of person with mental illness is beneficial to participants.	BIAC
Support addition of Adult Day Care, Agency PCA, Consultation Services	This has been incorporated into the waiver.	BIAC, CTBISN, TBIAB
Mandate training. Increase training infrastructure	Training requirements as proposed by BIAC have	BIAC, CTBISN, TBIAB

Recommendation	Response	Recommendation Source
for ABI Waiver providers.	been added to the waiver document.	
Increase qualifications ILST	A programmatic long-term goal, but not viable at this time.	TBIAB
Increase qualifications for Companion	Not a consideration at this time. Companion service has a consistent definition across all Medicaid waiver programs	TBIAB
Increase Companion service reimbursement rate for ABI Wavier	The reimbursement rate for companion is consistent across all waivers.	TBIAB
Develop an aggressive recruitment plan for Cognitive Behavioral Services providers	Allied, the ABI Waiver's fiscal intermediary currently conducts outreach efforts for all provider types. Will explore with Allied what can be done to identify additional service providers, particularly with catchments with a particular dearth.	BIAC, TBIAB
Ensure that mechanisms are in place for use of qualified Cognitive Behavioral Providers	This is program procedure; the Department will issue correspondence to staff to reiterate this.	TIAB
Create new capacity to address waiting list, if savings can be achieved to support	As cost effectiveness is realized, waiver expansion beyond the slots added with the creation of this waiver will be explored.	TIAB
Establish designated managers to focus on timely care plan reviews	A programmatic long-term goal, but not viable at this time.	TIAB
Implement a quality assurance process for program oversight, quality assurance survey to consumers and providers	The Department supports this procedural recommendation and will incorporate into activities. The Department has developed cross waiver quality improvement strategies and intends to utilize the new CMS participant Experience Survey as part of the overall quality strategy.	BIAC, TBIAB
Respite Services, include non-spousal family members as services provider	The Department supports this recommendation and has incorporated into the waiver document the expansion to non-legally liable relatives.	BIAC
ABI Recovery Assistant II: Name change to remove word "recovery" from service title	Use of this service title and rate aids in continuity of supports across waivers.	BIAC
Update training criteria for ABI Recovery Assistant	The Department has incorporated this edit into the	BIAC

Recommendation	Response	Recommendation Source
II	waiver document	
Update service definition to include language regarding interrelationship between brain injury and the individual's abuse of substances	The Department has incorporated this edit into the waiver document	BIAC
Support criminal background checks of household employees, recommends expansion to ILST, and Cognitive Behaviorists	The Department is reviewing the feasibility of incorporating this change.	BIAC
Provide quality assurance measures to review delivery of services by qualified providers	This will potentially be addressed through utilization of the new CMS Participant Experience survey.	BIAC
Consider contracting training and monitoring functions, if state is unable to do so	This could be considered depending on available appropriations.	BIAC
Formalize mechanism to refer participants to BIAC for advocacy support	The Department supports this procedural recommendation and will incorporate into activities.	BIAC
Include measurable outcomes in care plan development	This is a requirement in the new ABI Waiver regulations.	BIAC
Update provider listing and provide to all stakeholders	The Department can make the provider listing available upon request.	BIAC
Formalize mechanism to report abuse and neglect information to consumers and providers	The Department supports this procedural recommendation and will incorporate into activities.	BIAC
Formalize mechanism to share quality assurance and fiduciary reporting	The Department supports this procedural recommendation and will incorporate into activities.	BIAC
Create and disseminate quality assurance reports and satisfaction surveys regarding service providers to stakeholder	The Department supports this procedural recommendation and will incorporate into activities.	BIAC
Allocations of the COLA adjustments should be funded by the CT Legislature	This determination is made as part of the legislative process.	BIAC
Ensure that professionals developing Cognitive Behavioral Intervention plans and providing clinical leadership have a CT license in their particular discipline and have completed mandatory training	Certification is required in the field of practice and training requirements have been added	TBIAB

Recommendation	Response	Recommendation Source
Add capacity to the existing waiver	Not a consideration at this time.	CTBISN
Persons delivering Consultation Services have a CT license in their particular discipline and have completed mandatory training	The Department has incorporated this edit into the waiver document.	BIAC
Update training standards language for the following services: Adult Day Health, Case Management, Recovery Assistant II, Cognitive Behavioral Programs (as indicated by education and training)	The Department has incorporated this edit into the waiver document.	BIAC
Include family and natural supports input in the ABI Waiver assessment process	The Department embraces holistic assessment processes that include family and natural supports as allowed by the program applicant, contingent upon his/her legal authority to control this process.	BIAC
Allow non-agency option for Recovery Assistant and Recovery Assistant II	The Department has incorporated this edit into the waiver document.	BIAC
<p>Update the Substance Abuse service definition to include:</p> <p>Substance abuse programs shall include: an in-depth assessment of the interrelationship of the individual's abuse of substances and brain injury; a learning/behavioral assessment; development of a structured treatment plan; implementation of the plan; on-going education and training of the individual, family members, care-givers and other service providers around participant-specific sequelae; individualized relapse strategies; periodic reassessment of the plan; and, on-going support to the individual.</p>	The Department has incorporated this edit into the waiver document.	BIAC
Substance abuse programs shall be provided on an outpatient basis in a congregate setting or the individual's community. The individual's particular		

Recommendation	Response	Recommendation Source
<p>substance abuse plan may include both group and individual interventions and shall reflect the use of curricula and materials adopted from a traditional substance abuse program designed to meet the needs of individuals with traumatic brain injury. The substance abuse program provider shall communicate treatment regimens with all of the individuals other service providers.</p>		